

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 129  
Registered No. 572

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 54 Davis Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Angel Gonzalez  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. Legitimate? yes 6. Date of birth Oct 2 - 1930  
Month Day Year

8. FATHER  
Full name Pasqual Gonzalez  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 31 (Years)

12. Birthplace (city or place) Jalisco Mex.  
(State or country)

13. Occupation  
Nature of Industry Smelter

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER  
Full maiden name Francisca Rendon  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Aguascalientes, Mex.  
(State or country)

19. Occupation  
Nature of Industry Housewife

21. Were precautions taken against ophthalmia neonatorum? 4  
(a) Born alive and now living 4  
(b) Born alive but now dead 0  
(c) Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 p.m. on the date above stated.  
(Born alive or stillborn.)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Cyril M. Brown M.D. (Physician or midwife).

Given name added from \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Oct 12 30 Registrar

Registrar

179-1002-695